## STATE OF MAINE

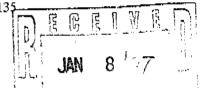


COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-013 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

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## STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	^ ^ A . ^ A	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: _ CITY: _	VASSALBULO	Member of the Senate, District
ZIP CODE: _	04989	
PHONE NUMBER: _	622-3096	Member of the House, District 59

## GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

## 5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

No. of Employee	Address	Principal Type of Economic Activity of Employer
Name of Employer		ROTLES TEALIST BONDY.
MAINE STATE REGISTRO	et Augusta	TOTRES TAVEL
. STATE of MA. NO	Aubusia	Library
	·	
ART II. INCOME DERIVED FROM  Enter the name and address of your income. If associated with a partner economic activity of that entity.	business, if any, and list the major are	rislators who are self-employed.) as of economic activity from which you derived a similar business entity, list the major areas of
Name and Address Major A of Business Entity	Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
. ALL BROWNEDSONS	FARM. DC	PARTWER SHID
	•	
	11.000	
*	, <u>411-411</u>	
\$1,000, whichever is greater, and sp derived such income. If this form of	ecify the principal type of economic a f disclosure is prohibited by law, rule,	ts more than 10% of your gross income or activity of the entity or person from whom you or an established code of professional ethics, in from whom the income was derived.  Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
•		
	,	
ART III. MAJOR AREAS OF PRAC ractice. If associated with a law firm, lis		orneys-at-law only.) List your major areas of irm.
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
4		
	•	-
3		

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Marine Co. Co.	Address	Kind of Income
1. NAWNIS GOLF W	URSALBOU	RoyAcity
		/
		<b>'</b>
PART V. DISCLOSURE OF REI \$3,000 or more that you received during not list loans from a relative. If none,	PORTABLE LIABILITIES. List the naming the reporting period, and list the major are so state.	nes of creditors for any unsecured loans o as of economic activity of each creditor. De
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
1. <u>VIENS</u>		
2	·	
		•
3		
	FTS. Name the specific source of each git	t of more man 2000. Dichage girls with a
	om a single source. If none, so state.	
i. NONE	3	
PART VII. DISCLOSURE OF H related to your official duties. If none,	4. ONORARIA. List the source of any hone, so state.	oraria accepted for appearances or speeche
PART VII. DISCLOSURE OF H related to your official duties. If none,	4. ONORARIA. List the source of any honor	oraria accepted for appearances or speeche
1. NONE  2. PART VII. DISCLOSURE OF H related to your official duties. If none,  1. NONE	4.  CONORARIA. List the source of any hone, so state.  3.	oraria accepted for appearances or speeche
1. NONE  2. PART VII. DISCLOSURE OF H related to your official duties. If none,  1. NOAFE  2	4.  ONORARIA. List the source of any hone, so state.  3.  4.	oraria accepted for appearances or speeche
PART VII. DISCLOSURE OF H related to your official duties. If none,  1	4.  CONORARIA. List the source of any hone, so state.  3.	praria accepted for appearances or speeche
1. NONE  2. PART VII. DISCLOSURE OF H related to your official duties. If none,  1. NONE  2. PART VIII. REPRESENTATION you represented or assisted others for one of the control of the co	4.  CONORARIA. List the source of any hone, so state.  3.  4.  BEFORE STATE AGENCIES. Identify compensation of any amount. If none, so state	each executive branch agency before which
1. NONE  2. PART VII. DISCLOSURE OF H related to your official duties. If none,  1. NONE  PART VIII. REPRESENTATION you represented or assisted others for a second of the	4.  CONORARIA. List the source of any hone, so state.  3.  4.  4.  BEFORE STATE AGENCIES. Identify	each executive branch agency before which

ART X. INCOME RECEIVED BY MEMBERS OF IMMEDIATI	E FAMILY.
ist the type of economic activity representing each source of income of	\$1,000 or more received by your spouse or dependent
aild(ren) during the reporting period and the kind of income represented come received by spouse and (D) beside sources of income received by	y dependent(s).
Type of Economic Activity	
Representing Each Source of Income Received	Kind of Income
TEACHER RETIREMENT (5)	TEACHER RETIREMENT
	TEACHER RETIREMENT
TEACHING	SURSTITUTE TEACHER
	My
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*************	******
*************	*******
**************************************	*******
he intentional filing of a false statement shall be a Class E	crime. If the Commission concludes that it
he intentional filing of a false statement shall be a Class E ppears that a Legislator has willfully filed a false statemen	crime. If the Commission concludes that it at, it shall refer its findings of fact to the
The intentional filing of a false statement shall be a Class E ppears that a Legislator has willfully filed a false statemen attorney General. If the Commission determines that a Legislatement or has willfully filed a false statement, the Legisla	crime. If the Commission concludes that it it, it shall refer its findings of fact to the gislator has willfully failed to file a required ator shall be presumed to bave a conflict of
the intentional filing of a false statement shall be a Class E ppears that a Legislator has willfully filed a false statemen attorney General. If the Commission determines that a Legisla catement or has willfully filed a false statement, the Legisla atterest on every question and shall be precluded from votic	crime. If the Commission concludes that it it, it shall refer its findings of fact to the gislator has willfully failed to file a required ator shall be presumed to bave a conflict of ng on any question in committee or in cither
The intentional filing of a false statement shall be a Class E ppears that a Legislator has willfully filed a false statement attorney General. If the Commission determines that a Legislatement or has willfully filed a false statement, the Legislaterest on every question and shall be precluded from voting ranch of the Legislature, and shall not attempt to influency ho willfully fails to file a required statement is subject to a	crime. If the Commission concludes that it at, it shall refer its findings of fact to the gislator has willfully failed to file a required ator shall be presumed to have a conflict of any question in committee or in cither a the outcome of any question. A Legislator a civil penalty not to exceed \$1,000, payable to
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